

Form **990EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No 1545-1150
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 KENTUCKIANS FOR PROGRESS INC

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 6060 DUTCHMANS LANE NO 110

City or town, state or province, country, and ZIP or foreign postal code
 LOUISVILLE, KY 40205

D Employer identification number
 27-4218549

E Telephone number
 (502) 515-1919

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WWW.KENTUCKIANSFORPROGRESS.ORG
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) ◀ (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	0	

Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	3,796
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	15
17 Total expenses. Add lines 10 through 16	17	3,811	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,811
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	30,823
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	27,012

Part II Balance Sheets (see the instructions for Part II)
 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	30,823	22	27,012
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	30,823	25	27,012
26 Total liabilities (describe in Schedule O).	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	30,823	27	27,012

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 KENTUCKIANS FOR PROGRESS, INC IS DEDICATED TO THE DEVELOPMENT AND PROMOTION OF THE SOCIAL AND ECONOMIC WELFARE OF THE GREATER KENTUCKY AREA THE CORPORATION INTENDS ON EDUCATING THE PUBLIC ABOUT ISSUES THAT MAY IMPACT THE SOCIAL AND ECONOMIC WELFARE OF THE GREATER KENTUCKY AREA FOR EXAMPLE, THE CORPORATION WILL ENCOURAGE THE PUBLIC TO SUPPORT PLANS TO IMPROVE KENTUCKYS INFRASTRUCTURE INCLUDING, WITHOUT LIMITATION, HIGHWAYS, BRIDGES, RAIL SYSTEMS, AIRPORTS, AND RIVER TRANSPORTATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
30	30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	0

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)
 Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DAVID NICKLIES PRESIDENT/TREASURER	0 10	0	0	0
JAN NICKLIES VICE PRESIDENT	0 10	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financials, and reporting requirements.

42a The organization's books are in care of LEE KOEHLER Telephone no (502) 515-1919 Located at 6060 DUTCHMANS LANE NO 110 LOUISVILLE, KY ZIP + 4 40205

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) Organizations Only
 All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
 Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer DAVID W NICKLIES PRESIDENT/TREASURER Type or print name and title	***** Date 2020-02-25
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Paid Preparer Use Only	Print/Type preparer's name STEPHEN M LUKINOVICH CPA CVA	Preparer's signature	Date 2020-02-25	Check <input type="checkbox"/> if self-employed	PTIN P00024096
	Firm's name ▶ MCM CPAS & ADVISORS LLP			Firm's EIN ▶ 27-1235638	
	Firm's address ▶ 462 S FOURTH ST SUITE 2600 LOUISVILLE, KY 402023445			Phone no (502) 749-1900	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:
Software Version:
EIN: 27-4218549
Name: KENTUCKIANS FOR PROGRESS INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 THE CORPORATION IS ORGANIZED AND OPERATED EXCLUSIVELY FOR THE PROMOTION OF SOCIAL WELFARE THE CORPORATION SHALL RECEIVE CONTRIBUTIONS AND SHALL DISTRIBUTE ITS FUNDS FOR CHARITABLE AND/OR EDUCATIONAL PURPOSES THE FIRST INITIATIVE OF THE CORPORATION WAS TO PROMOTE A PROPOSAL TO BUILD TWO NEW BRIDGES CONNECTING KENTUCKY WITH SOUTHERN INDIANA AND RESTRUCTURING THE CONGESTED INTERSTATES IN THOSE AREAS PART OF THAT PROCESS INCLUDED EDUCATING THE PUBLIC ABOUT THE BRIDGES PROJECT AND ITS BENEFITS THE BRIDGES PROJECT IS IMPORTANT TO IMPROVE TRAFFIC CONGESTION AND TRANSPORTATION PATHWAYS SO THAT KENTUCKY MAY CONTINUE TO GROW ITS CAPACITY FOR INDUSTRY EXPANSION AND POPULATION GROWTH IN ADDITION, THE CORPORATION EDUCATED THE PUBLIC ABOUT KEY OBSTACLES TO THE BRIDGES PROJECT TO THAT END, THE CORPORATION MAINTAINED A WEB SITE, RENTED BILLBOARDS, AND ISSUED STATEMENTS TO THE PRESS REGARDING ISSUES SURROUNDING THE BRIDGES PROJECT THE SECOND INITIATIVE IS TO EDUCATE AND INFORM THE PUBLIC REGARDING ISSUES REGARDING THE JEFFERSON COUNTY PUBLIC SCHOOL SYSTEM IT IS THE INTENT OF THE CORPORATION TO BETTER THE WELFARE OF THE CHILDREN OF JEFFERSON COUNTY BY IMPROVING THEIR EDUCATIONAL OPPURTUNITIES</p> <p>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	0

**TY 2019 Transfers Personal Benefits
Contracts Declaration**

Name: KENTUCKIANS FOR PROGRESS INC

EIN: 27-4218549

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

KENTUCKIANS FOR PROGRESS INC

Employer identification number

27-4218549

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION TAXES AND LICENSES AMOUNT 15